

Developmental Disabilities & Waiver Redesign Update #3

FY 2018 Forward

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BOS Health, Housing & Human Services Committee

February 21, 2017



Review - July 12, 2016 Board Matter

- CSB must provide equal access to services to individuals with DD as to individuals with ID per Waiver Redesign and Settlement Agreement
 - Provide mandated Support Coordination Services by accelerating planned funding of \$1.2 M for 10 positions
 - Provide non-mandated residential services and drop-in/respite based on medical necessity within current funding
 - Provide non-mandated employment and day services by using existing \$1.6 M Reserve
 - Create waitlists, if funds exhausted

FY 2017 Year-to-Date

- Mandated Support Coordination
 - Successes
 - Serving as single point of entry into integrated service system, responsible for eligibility determination and case management
 - Assessing ~2,000 individuals on Waiver waiting list for priority status
 - Managing newly integrated Waiver waiting list
 - Serving children discharged from Skilled Nursing Facilities as well as adults from specialized out-of-state placements
 - Participating in regional contract for DD Case Management

FY 2017 Year-to-Date (cont'd)

- Challenges
 - Lack of clarity on new requirements
 - Lack of efficient/effective business processes & technology
 - Lack of experience with newly eligible DD population
 - Vacancies in Support Coordination
 - Delay onboarding new DD Case Management providers and subsequent referrals for services
- Non-Mandated Residential & Employment and Day
 - Service expansion to new DD population minimal

February 21, 2017

- Non-mandated service expansion begins
 - Training new providers on service referrals
- Previous growth projections remain unchanged for now

Trickle becomes fire hose \rightarrow unsustainable growth

FY 2018

- Looming Issues
 - Supports Intensity Scale (SIS)
 - Individualized Supports Packages/Budgets
 - New Waiver Services
 - "Settings Rule"
 - CCC Plus
 - Quality Measures
 - Funding
 - No proposed increases in case management reimbursement rates
 - No new County funding in the Advertised Budget for nonmandated services

Impact to CSB

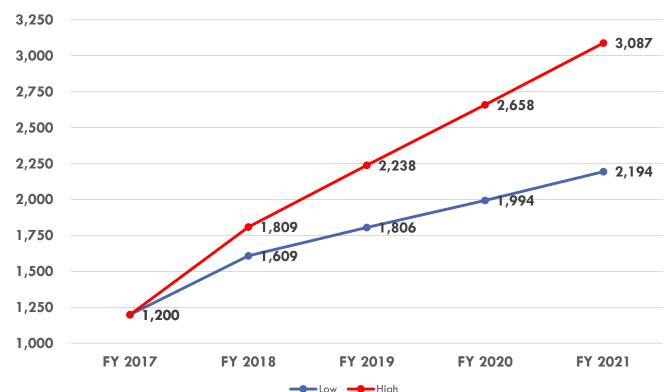
- Mandated Support Coordination
 - Based on current information, resources anticipated to meet demand in FY 2018
 - FY 2017-2018 Increase of \$2.7 M for 26 positions
 - Recent/pending new responsibilities complicate projections of capacity past FY 2018
 - Developing staffing model to predict future needs, based on volume, intensity, scope and duration of services for different populations receiving different combinations of mandated services
 - Evaluating priority access guidelines agency-wide, including providing Support Coordination to non-mandated populations

Impact to CSB (cont'd)

- Non-Mandated Residential/Drop-In/Respite
 - Based on current information, resources anticipated to meet demand in FY 2018
- Non-Mandated Employment and Day
 - o Program, as currently designed, unsustainable
 - Projected up to \$6.7 M required in FY 2018
 - CSB has a strategy for an equitable and sustainable service system

Employment & Day Services FY 2017 - FY 2021 Projected Census

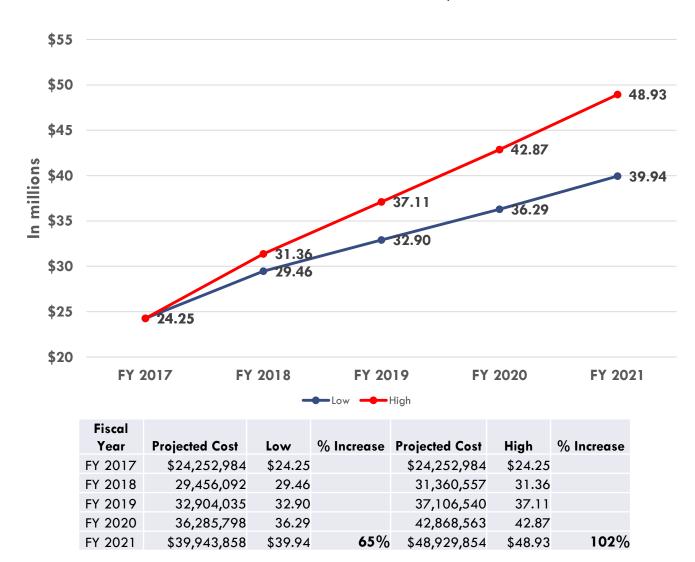
CSB estimated demand as of Sept 2016



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Fiscal Year	Low	% Increase	High	% Increase						
FY 2017	1,200		1,200							
FY 2018	1,609		1,809							
FY 2019	1,806		2,238							
FY 2020	1,994		2,658							
FY 2021	2,194	83%	3,087	157%						

Employment & Day Services FY 2017 - FY 2021 Projected Cost

CSB estimated demand as of Sept 2016



Critical Issue

- Unsustainable census/cost growth due primarily to 100% County-funded services to individuals with ID/DD who do not have a Medicaid Waiver
 - Some likely never will be eligible
 - Others are eligible but on the State's Waiver Waiting List

	FY 2017		FY 2021		% Increase	
	Census	Cost (In \$M)	Census	Cost (In \$M)	Census	Cost (In \$M)
100 % Local	693	\$14.81	2,433	\$37.36	251%	152%
Medicaid Waiver	507	\$5.37	654	\$7.50	29%	40%
	1,200	\$20.18	3,087	\$44.86		

^{*} Totals do not include the cost of FASTRAN, rent, personnel, Cooperative Employment and Self-Directed programs.

Cost Containment Options

- Previously reviewed options rejected as too harmful
 - Reduce service amount, intensity, scope and/or duration
 - Reduce/eliminate program enhancement
 - Reduce rates paid to providers
 - Cap funding and/or individuals served

Equitable & Sustainable Service System

- Non-Mandated Employment and Day Services
 - Offer priority access to individuals <u>with</u> Medicaid Waiver
 - Applies to new participants only
 - Ensures neediest individuals per Federal/State criteria served
 - Offer access to individuals <u>without</u> Medicaid Waiver who demonstrate exceptional hardship through set-aside
 - Applies to new participants only
 - Preserves choice of allocating resources based on funding availability

Equitable & Sustainable Service System (cont'd)

- Example = \$1.0 M New Recurring Annual Funding
 - Based on current information, CSB estimates receiving
 ~45-60 new Medicaid Waivers FY 2018 FY 2021
 - Based on average of \$11,000/year for program enhancement, cost estimated at \$0.5 - \$0.7 M
 - Balance used to serve individuals without Medicaid Waiver who demonstrate exceptional hardship
 - Waitlist triaged by individual/family need, programs incentivizing Employment First and less restrictive/more integrated services
 - Waitlist managed by existing Employment Services Panel (ESP) within corridors of service level

Equitable & Sustainable Service System (cont'd)

- Designate FY 2018 as transition year
 - Utilize existing DD Medicaid Waiver Redesign Reserve
 - CSB anticipates being able to serve the vast majority, if not all, individuals currently projected (June 2017 FCPS Special Education Graduates with ID <u>and</u> DD and applicants from community)
- Determine optimal date <u>no later than July 1, 2018</u> to
 - Implement new priority access criteria
 - Establish transparent process
 - Establish set-aside

Positive Considerations

- Current cost trajectory is *unsustainable* and *unaffordable* given other CSB, HHS and County priorities
- NON-MANDATED service
- "No harm" approach to current participants/providers as they remain fully funded per individual plans
- Begins to align Fairfax eligibility standard with Federal/State eligibility for Medicaid Waiver-funded services and prioritizes services to neediest
- Begins to reset expectations so that families, providers, and FCPS may plan for future and provides time to do so
- Controls growth consistent with DD Medicaid Waiver Redesign and Settlement Agreement

Positive Considerations (cont'd)

- Begins to reset cost curve as average cost per individual will begin to decline as 100% County-funded individuals attrite, replacing census with Medicaid Waiver-funded individuals
- Decreases local funding requirements and increases flexibility for more people getting some service
- Reduces associated cost of non-mandated Support Coordination necessary to support 100% County-funded individuals
- Allows reallocation of Support Coordinators to mandated services in compliance with Medicaid Waiver Redesign and Settlement Agreement requirements
- May encourage growth of community alternatives, such as private day programs and adult day care

Impacts

- Disrupts longstanding expectation that FCPS Special Education Graduates with ID will have day activities <u>funded 100% by the</u> <u>County</u> commensurate with FCPS offerings to attend as desired, with resulting potential hardship on some families with a newly graduated 22-year old family member
- Disappointment from families hoping for day activities for their newly eligible family member with DD who may or may not be an FCPS graduate in any particular year, and who does not have a Medicaid Waiver
- Requires a larger increase in FY 2019 to address the baseline, once FY 2017-2018 experience can be measured

Other CSB/County Priorities

Diversion First

- No new funding in FY 2018 Advertised Budget
- All County partners are under-resourced across all five intercepts

Opioid Epidemic

- Evidence-based solutions are grossly underfunded
- Waitlist will grow, people will overdose

Youth Services

- Private sector doesn't meet need for affordable outpatient treatment
- CSB close to starting waitlist as demand has nearly overwhelmed capacity

Integrated Care

- People with mental illness are dying decades prematurely
- CSB can afford only 1-2 days/week of access to primary care, wait times significant

Discussion